

CONFIDENTIAL CLIENT INTAKE FORM

Avesa Quantum Healing Medical Intuitive Program

Client Name: _____

I prefer to be called: _____

Address: _____

Date of Birth: _____

Current Occupation: _____

How Long: _____

Prior Occupation: _____

How Long: _____

Stress reduction/exercise activities: (list + how often)

Spiritual practices: (list + how often)

What name do you use to refer to Source/Spirit/God/Divine?

Do you believe in Angels and Spiritual Guides? Yes or No

Are you currently under the care of a health care practitioner? Yes or No - describe

We intend to help!

An Avesa Medical Intuitive views symptoms from an energetic point of view. This model offers insight into the physical, emotional and spiritual energies that contribute to the body's expression of symptoms. Once an intuitive scan is completed, the data can reveal unconscious patterns that are affecting your health and harmony. It is our intention to offer you insights and recommendations that can shift the energy flows that underlie your symptoms. Changing the energy patterns often offers relief and supports the body's natural healing ability. These insights form the basis for recommendations which can enhance the quality of your life experience!

To serve you best, it is important that you share the inner experience of your symptoms. That is, please offer us your personal perspectives and describe your symptoms using any sound, color or other metaphors, that convey the experience.

Symptom 1: Describe your subjective experience of the Symptom:

How long have you been experiencing this?

Have you been given a medical diagnosis?

What are your feelings about this situation?

Are there behaviors that aggravate the symptom?

Symptom 2: Describe your subjective experience of the Symptom:

How long have you been experiencing this?

Have you been given a medical diagnosis?

What are your feelings about this situation?

Are there behaviors that aggravate the symptom?

Symptom 3: Describe your subjective experience of the Symptom:

How long have you been experiencing this?

Have you been given a medical diagnosis?

What are your feelings about this situation?

Are there behaviors that aggravate the symptom?

Please use the drawing on the attached page to indicate areas of discomfort or unusual sensations that you experience. Show the size and location of the

sensations – add notes as you feel called. Remember, your right side appears on the left side of the page when facing the picture!

Please list medications, supplements or natural remedies/herbs you currently take on a regular basis:

Do you use Alcohol or Drugs? Yes No How often?

Any other known conditions? Yes No

Do you have a goal for our work together?

Client Release:

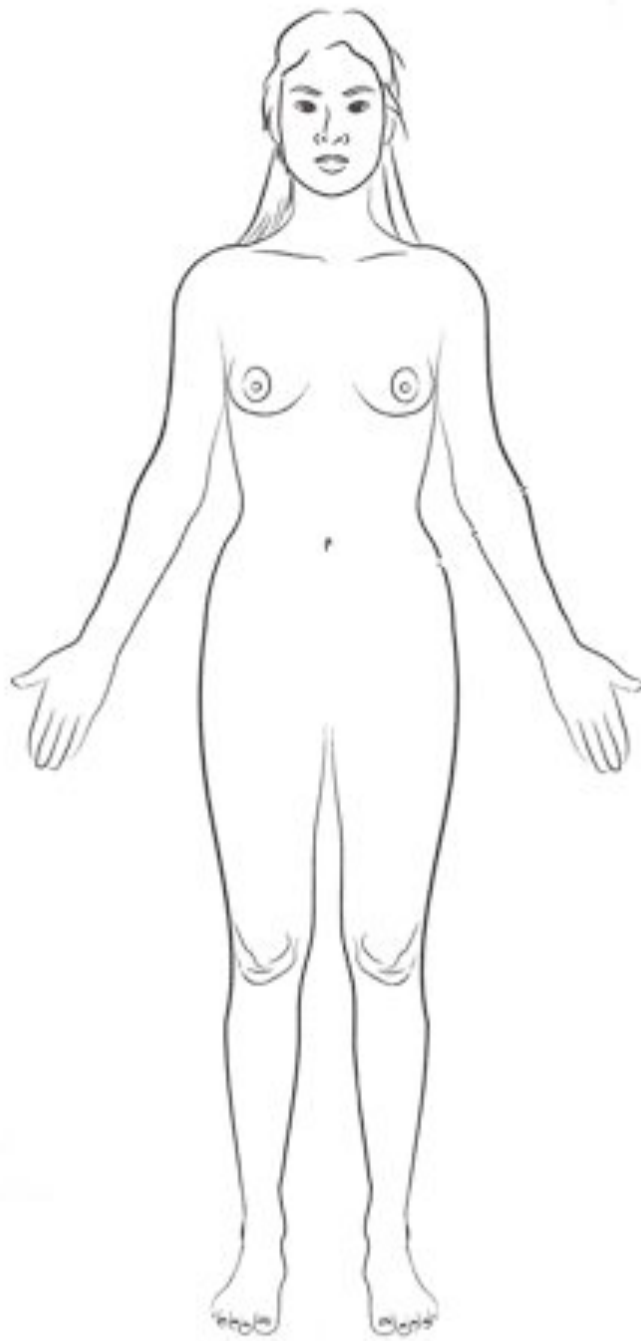
I understand that any form of Avesa Quantum Healing™ is not a substitute for medical treatment and that I should see a physician, or other qualified medical specialist for any mental or physical ailments. I further understand that an Avesa Quantum Healer™ is not able to diagnose, treat or prescribe for any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I recognize that spiritual energy work can have powerful and unpredicted effects, and that some would call this work 'experimental'. I also understand that the information that is shared with me is for my own experimental and theoretical use. I affirm that I have answered this questionnaire honestly and have had all my questions answered to my satisfaction prior to my session. I acknowledge that my Avesa Quantum Healer™ is a Spiritual practitioner and is offering this spiritual service to me at my request. My signature below offers my express permission that the information contained herein can be shared with other Avesa Quantum Healing students for educational purposes.

Client Signature: _____

Date: _____

Right

Left



Right

Left

